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ABSTRACT

This series of reports explores a statewide solution to the work force problems in Texas. The previous report, A Call to Action, described the current status of the Texas work force and introduced the concept of the Human Investment System as a means to improve that status by making human investment and people-serving programs and services in Texas more effective. This report is organized around two areas. The first area concerns how the current human service system operates for an individual trying to navigate through an array of programs and services in search of information and assistance. The next area approaches the problem of service delivery through a discussion of five management strategies or tools which would streamline and unify programs and services. The purpose of this report is to discuss and suggest how to make the needed improvements in the way human service programs are delivered in the state of Texas. Recommendations are based on the following assumptions: (1) Texans want good jobs; (2) a good job is the key to economic self-sufficiency and improved quality of life; (3) job and career potential are dependent on the acquisition of appropriate skills; (4) human investment programs need to be more efficiently delivered and focused on results related to self-sufficiency; and (5) a person's basic needs for health, safety, and stability must be met before the first four statements can have meaning. Future reports will discuss the progress and results of these proposed efforts. (LLL)

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CREATING A HUMAN INVESTMENT SYSTEM IN TEXAS: NO WRONG DOOR

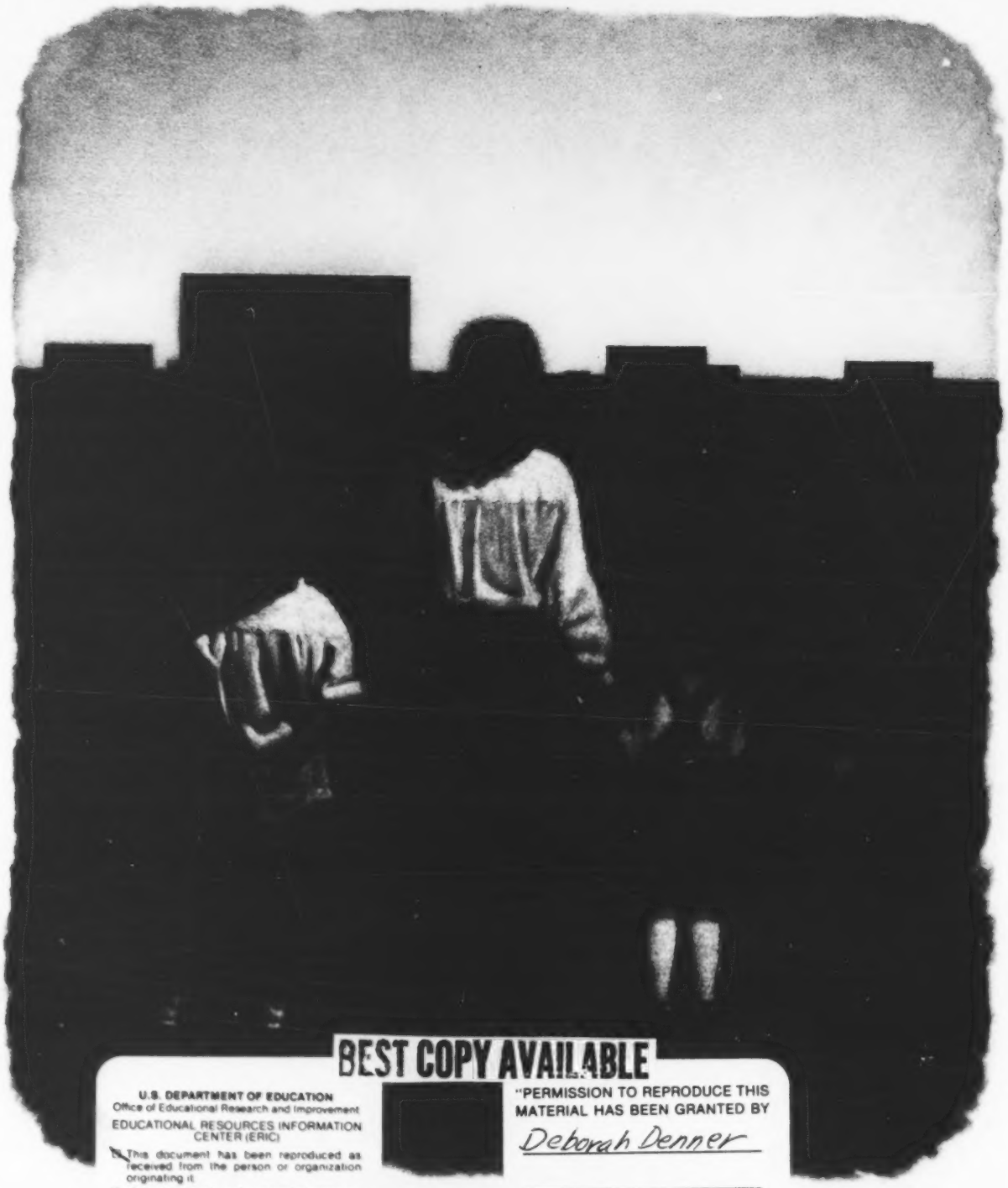

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Table Of Contents

A Message To Stakeholders In The Future Of Texas 2

Introduction 4

The Case Of Mary Smith 7

A Better System For The Mary Smith Family - Five Management Tools 12

- Integrated Planning And Budgeting 13
- Integrated Intake, Assessment, And Eligibility 15
- Integrated Case Management Systems 17
- Integrated Data Systems 18
- Integrated Evaluation Of Results/Outcomes 20

Conclusion 22

Additional Reading 24

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A message to stakeholders in the future of Texas:

The future of Texas is reflected in the health of its economy. Thus, the future good health of the Texas economy rests with developing the skills and fostering the well-being of Texans who are or who will be active participants in our economy. Texas workers are our most valuable resource that must be developed or we risk the loss of tremendous human potential.

In this series of reports, **Creating a Human Investment System in Texas**, *we are exploring a statewide solution to the challenges we face because our work force is not as highly skilled and well educated as it needs to be to remain competitive in the global market. With the advent of the global market and a world economy, Texas needs a coherent, integrated, and strategic approach to developing its work force by investing in human capital through education, training, employment, and human services.*

The previous report, **A Call to Action**, *described the current status of the Texas work force and introduced the concept of the Human Investment System as a means to improve that status by making human investment and people-serving programs and services in this State more effective. A user-friendly, resource efficient, outcome-based system is the vision of the Human Investment System. The goal of the Human Investment System is to establish and implement comprehensive and integrated strategies for better organization and management of existing resources to result in an internationally competitive, world-class work force. The Human Investment System is shorthand for a multi-agency partnership, joint planning, and integrated service delivery designed to promote stable, functional, self-sufficient families. In the big picture, the Human Investment System is the piece of the puzzle that will tie together federal, state, and local resources designed to assist those seeking access to human investment programs.*

This report is organized around two areas. In the first we will be taking a look at how the current human service system, really a collection of systems, operates for an individual trying to navigate their way through an array of programs and services in search of information and assistance. Then we will discuss five management strategies or tools which would streamline and unify programs and services by integrating or tying together some of their major functions.

The message of **A Call to Action** *was that we must take a good look at our own future and rethink our approach in order to improve the way human service programs are*

delivered in this State. The purpose of this report is to discuss and suggest how we go about making these needed improvements. We are basing our recommendations on the following assumptions: 1) Texans want good jobs; 2) A good job is the key to economic self-sufficiency and improved quality of life; 3) Job and career potential are dependent on the acquisition of appropriate skills ; 4) Human investment programs need to be more efficiently delivered and focused on results related to self-sufficiency; and 5) A person's basic needs for health, safety, and stability must be met before the first four statements can have meaning.*

Future reports will discuss the progress and results of these proposed efforts.

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* *Results of research on this subject will be available in a report to be released in early 1991 by the Texas Policy Academy on "Families and Children At-Risk," a group appointed by the Governor to help design improvements of the service system that will assist at-risk families and children to move into society's mainstream.*

INTRODUCTION. In Texas there are 17 separate state agencies currently responsible for numerous programs and delivery of various services such as education, employment, job training, health and welfare. Each program has a different location and information and operational systems to serve its needs. These systems are incompatible and require the client or customer to travel from place to place looking for services, supplying documents and filling out forms at each stop, and undergoing repeated assessments just to determine eligibility. This kind of organization, or lack of it, causes delays in delivering services. Even worse, it often results in people not receiving services who would otherwise benefit from them, and in-so-doing become contributors to society.

HUMAN INVESTMENT SYSTEM (HCR 26)
SJTC & HHSCC
Partnership of Human Investment Agency Directors
(DHS, TEC, TEA, TDOC, etc.)
Integrated Planning and Budgeting
Integrated Evaluation of Results/Outcomes
Integrated Data Management
Integrated Intake/Eligibility Assessment/Referral
Integrated Case Management

You may remember the days before the advent of the shopping mall or "superstores." Retail industry outlets were spread out across town or along "strip centers". The transportation time and costs, payment at each stop, and the inconvenience of looking for items in several locations began to take a toll on busy consumers who, in two-earner households especially, were finding less and less time and energy at their disposal. The advent of "superstores" made one-stop shopping on a large scale a very profitable response to customer need. Now it is possible to take care of one's grocery, dry-cleaning, pharmacy, banking, utility, and postal service needs in one trip. The savings in unnecessary transportation hassles and expense, time, and frustration is considerable.

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The collection of independent programs designed for work force development and human investment in Texas is a lot like the old retail industry before it adapted to changing consumer demands. We want it to work better. Because the world has gotten a lot more competitive, today's work place requires more teamwork, creativity, problem-solving skills, and a greater commitment to quality and excellence. The system of programs and services designed to prepare people for the work place should exhibit these same qualities. The relationship between education, work force readiness, economic development, and the quality of life is a complex network. When there are problems in this equation a workable solution is found only by considering the effect of each variable on others.

Recognizing that no single part of the service delivery system can be effective operating alone, on June 6, 1990 the 71st Legislature of the State of Texas passed a concurrent resolution, HCR 26, instructing the State Job Training Coordinating Council and the Health and Human Services Coordinating Council to initiate the Human Investment System to coordinate and integrate these programs and services. This resolution links the two councils, neither of which by itself represents the full spectrum of work force needs, under the same umbrella. The staffs of these two councils have begun a series of meetings to begin development of the Human Investment System, with the belief that it can be implemented via the commitment of state agencies who are part of the system and a high level of public sector influence. It is anticipated that a Steering Committee to guide development will be appointed by the Governor. Working with the two councils the members of this group thus become partners who will fashion the system. The Human Investment System is a redirection and linking of existing resources, programs, and agencies rather than the construction of a new and duplicative system. It should be viewed as a partnership for the future with a clear vision of where Texas needs to be as we enter the 21st century.

Texans have a variety of social, physical, and economic needs that must be met

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to be able to participate in the economy. Many Texas families are unable to function productively in the current economy for a number of interrelated reasons. The inaccessibility of our fragmented delivery systems prevent these at-risk families from receiving the services they need to strengthen their capacity to be self-sufficient and productive. At one time or another most Texans will seek public or private services to assist themselves or family members in overcoming barriers, attaining personal goals, or meeting specific needs.

The Human Investment System umbrella links the various systems designed to address those needs. These linkages will ultimately bring the collective power of all systems together. An integrated system would make one-stop shopping for information and perhaps services a possibility. Additional conveniences for the client or customer seeking services such as a simplified application process (forms up to 18 pages in length have been used) would make the system even more "user-friendly". Anyone who has tried to learn how to use a computer or to program a VCR knows that a user-friendly system is a more productive one.

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THE MARY SMITH FAMILY: A CASE STUDY, METRO CITY, TEXAS. In the following case study we will look at how non-integrated programs typically operate. The case of Mary Smith and her family is presente to illustrate the impact that a non-integrated system can have on a person facing some of the real challenges of living.

BACKGROUND. Mary Smith is a thirty-four year old mother of three children. About six months ago, Mary's husband, an unemployed welder, abandoned the family—leaving them without savings, income, or transportation but plenty of bills. Prior to losing his job, Mary's husband had always been the sole support for the family. Marrying immediately after their high school graduation, Mary had never worked outside the home.

Mary's oldest son Joe is sixteen years old and has been having difficulties in school. Joe's reading skills are poor, his grades in general are low, and he is failing several courses. Eddie, Mary's ten year old son, had been doing well in school but in the last six months his grades have begun slipping. He often complains of headaches. Three year old Sally, Mary's youngest child, periodically suffers asthma attacks.

TEXAS EMPLOYMENT COMMISSION. When her husband left, Mary realized that she needed to get a job to support the family. She arranged for a neighbor to look after Sally and took the bus to the local office of the Texas Employment Commission (TEC). There she completed an application, was given an assessment, and was interviewed by an agency representative. Since Mary had no job experience or job-related skills, the interviewer referred her to the Metro City Job Training Partnership Act (JTPA) program for job training.

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JTPA. The following day, Mary once again arranged for child care for her daughter and took the bus to the JTPA Intake Center. There she completed another application and was again interviewed by an intake interviewer. The interviewer told her that to be certified as eligible for the JTPA program she would need verification of income and her birth certificate.

LOCAL GOVERNMENT. Because Mary was born in Metro City, which is also the County seat, her birth certificate was available at the County Clerk's office. So the following day Mary once again arranged for the care of Sally and took the bus to the County Clerk's office to obtain a copy of her birth certificate. She waited for a cross town bus to take her back to the JTPA Intake Center.

JTPA. Mary submitted the birth certificate to the intake interviewer. After documenting Mary's eligibility for JTPA services, the interviewer told her that she would be given a skills assessment test. Mary replied that she had already been tested at the TEC office, but the interviewer said he did not have those results. Mary was given the skills assessment by a JTPA counselor. The counselor said that Mary was qualified to enroll in a six month nurse's aide training course given at Metro City Memorial Hospital. However, to Mary's dismay she learned that while in training she would not receive any income, nor assistance with child care costs and transportation. Mary told the counselor that she needed to earn money now and needed assistance with child care and transportation. The counselor referred her to the Department of Human Services (DHS) for assistance.

DEPARTMENT OF HUMAN SERVICES. The next day Mary planned to take the bus to the DHS office, but in the morning Sally had an asthma attack and Mary stayed home with her. The following day Mary was able to get another neighbor to take her and Sally by car to the DHS office. There, Mary completed another application and again showed her proof of income and birth certificate, but did not have the necessary birth certificates for her children with her. Two days later, Mary was able to get the birth certificates,

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arrange for Sally's care by another neighbor, and return to the DHS office. The DHS worker found her to be eligible for Aid to Families with Dependent Children (AFDC), Food Stamps and Medicaid.

However, Mary was distressed to find that she would not be able to receive food stamps until the next day and she was out of food. She was referred to the Inner City Pantry which helps families who are waiting for food stamps. The Pantry, however, was not near a bus line and Mary had to walk more than a mile from her bus to the Pantry and back with the sack of groceries she was given.

LOCAL SERVICE ORGANIZATION. The following week the Nurse's Aide Training began. Without other job prospects, Mary decided to enroll although she was still unsure how she was going to pay the rent while in training. She arranged for a neighbor to keep Sally for "a few days". She was able to take the bus to the Metro City Memorial Hospital, but arrived late because of the bus schedule.

HIGH SCHOOL. Upon returning home from the training program one afternoon a few days later, Mary opened a letter from the school informing her that her sixteen year old son Joe was having discipline problems and that the school counselor wanted to meet with her. The following day Mary went to the school to meet with the counselor instead of attending her training class. The school counselor told Mary that Joe had been disruptive in classes and suspected that he may be using drugs or alcohol. She referred Mary to the office of Mental Health and Mental Retardation (MHMR) and suggested that Joe be given an assessment test and possible counseling in substance abuse. The counselor also said that Joe might qualify for an "at-risk" program conducted at the school in cooperation with the JTPA program.

MENTAL HEALTH AND MENTAL RETARDATION. Mary was able to get to the MHMR office and fill out an application that same day so that she would miss only one day of training instead of two. The MHMR representative told Mary that they would call her when they could find an opening to assess Joe.

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ELEMENTARY SCHOOL. A few days later, Mary received a call at the hospital training center from the counselor at Eddie's elementary school. Eddie had been complaining of headaches and the teacher had referred him to the school nurse who examined him. The nurse told Mary that she believed Eddie's poor grades and headaches were a result of his poor eyesight. In addition, she felt that Eddie would benefit from an after-school tutoring program.

When Mary and Eddie returned home that afternoon, the landlord was waiting for them. He told Mary that if she did not pay the overdue rent he would have to evict her.

HOUSING AUTHORITY. The following day instead of going to her training, Mary took Sally with her on the bus to the DHS office to see if they could help her pay her rent. Mary's case worker referred her to the Metro City Housing Authority (MCHA) which manages a rent subsidy program. Mary took the bus to the MCHA and completed their extensive application. However, she had failed to take any documentation with her and was informed that before a final determination could be made she would need to return with the necessary documents. This meant that Mary and Sally needed to take the bus back to her home, get the papers, and return to the MCHA office.

HEAD START. Mary attended the next three days of nurse's aide training classes without interruption. However, on Friday morning Mary learned that the neighbor who had been caring for Sally was seriously ill and would no longer be able to care for Sally. Mary decided to take Sally with her to class. The instructor referred Mary to the JTPA counselor who was located at the Intake Center. Mary and Sally took the bus to the Intake Center where the JTPA counselor said that Mary could enroll Sally in the Metro City Head Start Program. Fortunately, the Head Start Program was on the same bus line as the hospital, so Mary could drop her off on the way to training.

SUCCESS? On Monday, Mary got the boys ready for school, packed up Sally and walked to the bus stop. She wondered whether she had the energy to catch up on her

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missed classes and complete the nurse's aide training program and at the same time continue to deal with her family's many problems.

The system designed to provide services to Mary would be daunting to anyone *not* experiencing a crisis as she and her family are. There are many other examples of special needs that any of us could face in the work place or when attempting to become part of the work force. For instance, English as a second language for recent immigrants; basic skills remediation for high school dropouts; advanced training for manufacturing workers when plants switch to high-tech automation; or re-training when a plant closes or moves.

Imagine the difference it would have made to the Smith family had the same technology that enables credit card companies to charge customers for purchases from any number of stores, or that allows travel agents to schedule arrangements among different carriers been applied to Mary's human service needs. Having a central hotline or issuing an access card to people seeking services would be a much more efficient way to expedite and ensure eligibility for a spectrum of services provided through different agencies and funding sources. The challenge of the Human Investment System is to design such a system.

A more accessible, user-friendly system will reach more people and better serve those already receiving services. As the requirements of the 21st century become clearer, demand for human investment programs and services will increase. Agencies will increasingly need each other to share the cost of services and to jointly manage resources. The cost of any increase in numbers receiving services will be balanced against the savings gained by the system when unnecessary duplication is streamlined. The most significant benefit, however, will be the increase in the number of Texans who become more productive members of the work force as a result of services.

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A BETTER SYSTEM FOR THE MARY SMITH FAMILY: FIVE TOOLS FOR INTEGRATION. The results and outcomes of human investment programs would be more significant if they pursued a single mission—to work together by integrating or linking one or more of their management functions so that they operate more efficiently for the benefit of the customer utilizing services. By linking these functions they become the "tools" for integrating services and making the Human Investment System work. That is, they are the means to achieve a more coordinated and responsive network of programs and services. As you can imagine, linking and planning disparate programs across large agencies in a diverse state like Texas does not occur easily or naturally since programs often derive from single purpose legislative mandates. All too frequently, legislation creates programs which impose conflicting definitions, rules, and procedures. Such is the fallacy of expecting Washington to solve our problems. Because Mary Smith cannot wait, Texas cannot, and should not wait for outside solutions—thus, the impetus for the Human Investment System.

Stated simply, these management functions (discussed in the following pages) are little more than common sense about activities that almost every public agency conducts every day. Five integrating tools have been identified as a foundation for agencies to work together to effect an integrated approach to people-serving programs: planning and budgeting; intake/assessment/eligibility; case management; data systems; and evaluation of results and outcomes. These five tools are really generic categories into which several similar management or operational functions are lumped. What we want is for each agency serving people to rethink how each of these functions can work together to the benefit of the client or customer, rather than the convenience of the system, the program, or the agency.

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Implementing these management functions, or tools for fine-tuning the system, has already begun. The Department of Human Services, for example, has simplified its food stamp application from 18 pages to two. One service delivery area (SDA) in Texas has already co-located JTPA and DHS staff into one intake office. It takes small victories like these to help prepare us for larger ones. Following is a description of the five management tools crucial for full implementation of the Human Investment System. In time there may be other equally important strategies to add to these. While reading about them keep in mind how Mary Smith would have benefitted from a more responsive system. If the agencies that helped Mary had planned together, shared information, and used interchangeable intake and eligibility procedures, Mary would have been saved invaluable time and energy better spent helping herself and her family and her chances of success would have greatly increased.

INTEGRATED PLANNING AND BUDGETING. Planning, in its most basic form, is a process of analyzing situations, identifying and evaluating alternatives, and making decisions regarding future directions and actions. Integrated planning, a primary tool for the achievement of the Human Investment System, will provide a framework for mapping the future of people-serving programs in the State of Texas. Planning for the integration of education, training, employment, welfare and health systems will require that a partnership be formed by these organizations; first, to identify and prioritize needs, and second, to identify and reach specified outcomes. The desired result will be to maximize the effective use of resources to stimulate economic growth and enhance the quality of the Texas work force by improving the capacity of clients and their families to be self-sufficient— families like Mary Smith's.

In preparation for integrated planning among education, training, employment, welfare and health, a partnership of state agency executives, business leaders, and educators will be formed to define the scope, objectives, and key dimensions of state-level integrated systems planning. This group will develop integrated planning

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systems and guidance which will include a diagnosis of current situations to include the identification and analysis of current programmatic and organizational strengths and weaknesses. The planning group will also, as an objective to achieving integrated programs, set state-level goals which identify and prioritize areas for improvement and redirection. Finally, the group will identify and analyze available resources and alternatives for achieving goals, and will evaluate each in terms of its feasibility. The challenge at the state level will be to design the framework, but it will be in the local and regional arenas where program goals and objectives will become reality.

In addition to determining criteria for the development of integrated planning systems, the planning group will identify and propose strategies for integrating varying:

- legislated eligibility requirements;
- mandates for service levels to specific groups;
- barriers and needs of specific groups;
- resources to address the barriers for specific groups;
- capabilities and willingness to serve to specific groups;
- geographic boundaries of service delivery areas.

An ideal integrated planning process would result in a comprehensive plan which sets compatible goals for human investment and economic development programs and agencies so that workers can move between programs as needed, and in which training is linked to ongoing changes in the workplace.

Examples of the initial steps of integrated planning can be found in the state of Ohio where JTPA, the AFDC JOBS program, the Employment Service and some education programs are required to write a single integrated plan for a regional planning board. Funding for these programs can be denied if requirements are not met in any part of the plan. An example of integrated planning addressing a specific resource area can be found in the Texas Regional Labor Market Information (LMI)

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Committees that consolidate the LMI planning function for JTPA, the Employment Service, and secondary and post-secondary vocational education. Regional groups that oversee this function are known as Quality Work Force Planning Committees. A Private Industry Council in one of the Texas SDAs has been endorsed by its City Council to develop and implement a county-wide Human Investment System. The initiative is in the planning stages but expected long-term outcomes include enhanced services to clients, a reduction in numbers on welfare and other federal and state assistance programs, and attraction of new industries to the area because of the improved quality of the work force.

INTEGRATED INTAKE/ASSESSMENT AND ELIGIBILITY. Most programs have an intake/assessment and eligibility determination function to ensure that sufficient numbers of appropriate individuals receive the services they are in need of and for which they are eligible. This process encompasses such activities as outreach, collection of eligibility determination documents and information, assessment of basic and vocational skills and interest, and providing program and human services information and referral. The data collected during this process then forms the basis for reporting and accountability.

An integrated intake process will require building a high level of trust between the cooperating programs and a good deal of cross-training for staffs. Other issues that will need to be addressed include:

- possible co-location and shared staff to create one point of contact between people and the programs;
- information sharing and common forms and methods of information storage and display;
- reporting to funding sources and record keeping;
- program knowledge and access and program referral efficiency; and,
- assessment goals and instruments.

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The system should be designed to increase the participant's access to programs while reducing the confusion caused by conflicting eligibility requirements.

Some headway in simplifying the intake process has already occurred in several JTPA Service Delivery Areas (SDAs). Some SDAs, for example, have computerized the JTPA intake process. There are no manual forms to fill out. Working with the client, a counselor enters the information and prints out a hard copy. In some areas, the Department of Human Services and JTPA offices have moved into the same building and plan to upload client data onto one computer to integrate client files. DHS and JTPA have also developed a common referral form to reduce duplication. Consider the benefit to Mary Smith had she been able to condense several trips and assessments into one.

However, an integrated intake/assessment and eligibility determination function need not have co-location. Through common forms and data systems, a participant's records can be shared at various service delivery points. Either way, considerable savings and efficiencies will result. The simplicity of having to provide documentation for eligibility at only one point of entry, in the systematic access to many programs and services, in receiving a full assessment rather than a narrow one for only one program, and in having access to a comprehensive development plan saves time and effort for program participants. Conservation of program resources occurs as a result of easier outreach and a larger pool of potential participants, in better assessments that ensure a better match between needs and services and outcomes, and in shared costs for determining eligibility and assessment and record keeping.

Integrating the intake function is the most common activity when high levels of coordination are undertaken. It is most likely to evolve at the local level with little direction from state agencies. Rather, the obvious efficiency of sharing quarters, information, and participants has created many ad-hoc efforts between two or more programs or agencies in Texas and elsewhere.

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In some states, integrated intake is being undertaken without co-location. In Michigan, an Opportunity Card is envisioned for each participant which would have their personal and assessment information encoded on it. Any program operation in the system would be able to read the card and thus be able to reproduce the information without any duplication of effort. Trial use of the Opportunity Card began in 1988. Had Mary Smith of Metro City, Texas had an opportunity card, she would have entered "no wrong door," would not have gone through repeated eligibility determinations, assessments, and so on. Mary would have saved time and energy and Texas would have saved money.

INTEGRATED CASE MANAGEMENT SYSTEMS. Case management is a service that assists clients and families to engage in a problem-solving process of: 1) identifying needs and goals; 2) exploring possible solutions and action plans, and; 3) mobilizing informal as well as formal support systems to achieve increased independence. Well-designed case management efforts represent an opportunity to look at the whole person and to better organize services to reduce fragmentation and duplication. Case management helps participants bridge institutions.

The case manager is the human connector for the system. A good case manager operates as a broker to help the client negotiate the system. Utilizing the information from the assessment tool, the case manager develops a plan of service with a client and takes responsibility for marshalling the resources needed (as available) to meet the training, education, support and other needs of the participant, identifies the responsibilities of the participant, and follows through with plans until successful completion. At the systems level, case management is a strategy for cost coordinating the provision of services to clients within the system.

To integrate system-wide case management, individual and joint responsibility for the following functions will have to be determined through formal interagency agreements:

- participant intake/assessment and eligibility determination;

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- resource identification and service planning;
- linking participant to needed services;
- service implementation and coordination;
- monitoring service delivery;
- advocacy; and
- evaluation.

The level of intervention, provision of services, and/or the involvement of other service agencies are determined by the individual's needs and the particular mix of available services in the local area.

Most program participants need help from a variety of service providers. Case management within a single program is not case management. Agencies are realizing that no one agency "owns" a given client and agencies cannot single-handedly provide a full array of services. Ideally, a case management approach would enable a participant to receive the services they need when they need them, from an array of service providers and programs.

Good case management is cost-effective over the long-run. However, initially there will be heavy financial and time investments in planning, development, and implementation. Over the long-term though, a well conceived case management system can significantly increase the number of participants who successfully complete programs and achieve self-sufficiency. It can pay for itself by reducing the number of people who "waste the community's investment" by leaving services prematurely. A good case manager for Mary Smith would have assisted her in developing a plan of action to address her many needs and assisted her in accessing services to meet them, saving Mary wasted time and effort, and keeping her morale up.

INTEGRATED DATA SYSTEMS. The integration of data systems operation is the most powerful of the integrating tools but is also the most difficult to achieve. Integrated

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data is what makes connections among other tools possible. Currently, the major state human investment agencies spend millions of dollars in this area each year. However, incredible advances in technology are making possible things that were only imagined two years ago. Unfortunately, agencies do not design data systems with client service foremost in mind. These systems are usually designed with data storage, retrieval, and reporting as a first priority. Consideration of Mary Smith's needs is tagged on later. We need to design a client-based data system at the highest administrative level which is where the resources to do so are located.

Data systems integration must, at the minimum, provide mutual access to information by participating programs, eventually evolving to the point where systems can "talk" to one another. In this way, participant, program, and service information gathered by one program in one place can be read, updated, and used at any other point.

The successful integration of data systems provides the basis for the other integrating tools: planning, evaluation, intake, and case management. However, the issues to be confronted are complex and expensive:

- duplication of systems should be eliminated;
- systems must be participant based;
- systems must be able to meet mutual reporting requirements;
- confidentiality must be preserved;
- fiscal and program information systems should be combined;
- state and federal accounting procedures must be accommodated; and
- compatibility of existing systems and a read/write function should be developed.

Developing data systems focused on common client groups, common outcomes, and compatible reporting requirements are key management components of the Human Investment System. Shared data includes: labor market information, participant characteristics, program activities, and program performance/outcomes.

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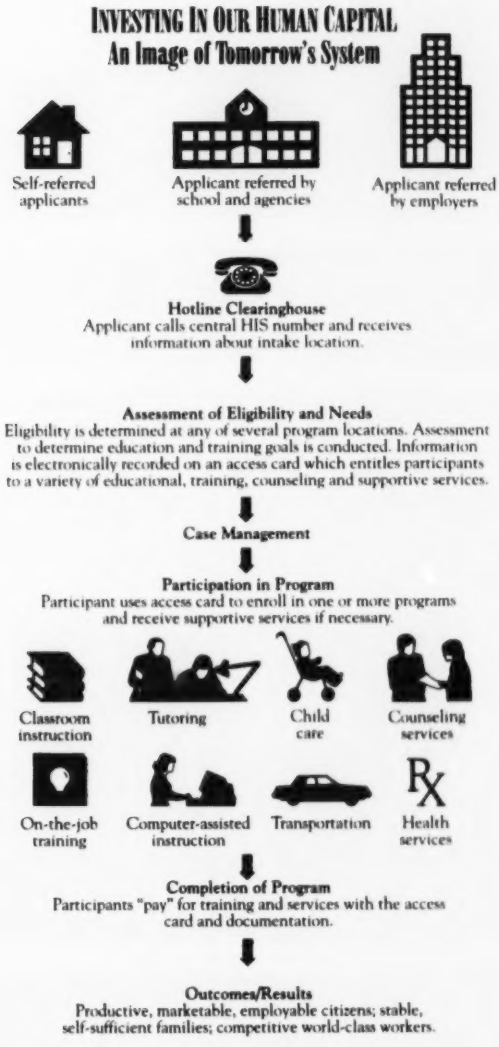
The most useful and viable data system would be organized around the participants themselves. The challenge will be to develop data systems versatile enough to handle diverse client groups and outcomes while maintaining "a common access" to clients served. The Health and Human Services Coordinating Council is currently involved in creating a large state agency database to connect agency computers and create a common client registry. Local client-based intake and data management systems also need to be designed at the community level.


INVESTING IN OUR HUMAN CAPITAL
An Image of Tomorrow's System
Self-referred applicants
Applicant referred by school and agencies
Applicant referred by employers
Hotline Clearinghouse
Applicant calls central HIS number and receives information about intake location.
Assessment of Eligibility and Needs
Eligibility is determined at any of several program locations. Assessment to determine education and training goals is conducted. Information is electronically recorded on an access card which entitles participants to a variety of educational, training, counseling and supportive services.
Case Management
Participation in Program
Participant uses access card to enroll in one or more programs and receive supportive services if necessary.
Classroom instruction
Tutoring
Child care
Counseling services
On-the-job training
Computer-assisted instruction
Transportation
Health services
Rx
Completion of Program
Participants "pay" for training and services with the access card and documentation.
Outcomes/Results
Productive, marketable, employable citizens; stable, self-sufficient families; competitive world-class workers.

INTEGRATED EVALUATION OF RESULTS AND OUTCOMES. Performing evaluation is a way of grading the system. Programs have an evaluative function to ensure that they reach people, that participants receive the services for which they are eligible, and that these services make a difference.

Integrated evaluation is dependent upon:

- developing joint measures of program outcomes that benefit each agency, program, or system;
- developing joint information systems to track the progress and performance of participants receiving services;
- sharing follow-up data on services received and participant performance; and
- developing joint methods and standards of analysis of outcomes.

An integrated evaluation function would evenly distribute accountability for results across programs. Quality is difficult to assess if performance is not consistently measured. The business adage that "you can't manage what you can't measure" is also true in the area of service delivery. Recently enacted

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federal legislation will require JTPA, welfare/JOBS, and federal vocational programs to jointly develop common performance standards and accountability for outcomes. This is a significant step in the right direction. Jointly set standards for success—real gains in income, self-sufficiency, long term productivity, and reduced welfare—would provide a means of measuring results that are meaningful. For example, for some programs wage records are already being tracked through unemployment insurance wage records as indicators of self-sufficiency when wage gains occur as a result of receiving training and services.

Evaluation is increasingly important to service providers because continued funding is contingent upon successful performance. Furthermore, Mary Smith's chances of success are related to the quality of services she receives. The demand to improve the quality and effectiveness of programs continues to mount while budgets grow smaller and needs greater.

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CONCLUSION. Creating a Human Investment System in Texas is the first step toward a long-term goal for the future. The goals of the Human Investment System are ambitious but essential objectives on the road to economic development, increased productivity, and security. Texas leaders in government should not depend on employers and workers to face these challenges alone. There are a number of ways to increase productivity for economic growth. The Human Investment System does this through increased efficiency—fine-tuning the system to better serve clients, thus conserving the limited resources of the system. The degree to which the Human Investment System can make sense out of the myriad of government programs and services available in Texas is the degree to which it can do its part to preserve our standard of living.

Our legislators understand this and efforts are underway to establish a state-level coordination body empowered to guide, direct, evaluate, and hold accountable the appropriate agencies. In the meantime, several pilot projects will be sponsored in 1991 to demonstrate the ideas of the Human Investment System and to pave the way for state legislation designed to facilitate state-wide implementation. There is a famous story about an architect who designed a grand building surrounding a beautiful courtyard that the employees were to walk through when crossing from one side of the building to the other. However, the blueprint showed no sidewalks. The owners pointed this out to the architect who said that there was no mistake in the design—the sidewalks had purposely been omitted to allow the employees to create their own walkways. The sidewalks would be poured after the pathways had been established—because that would be the best place for them. The pilot projects will do the same thing for the Human Investment System in terms of legislation to guide its implementation. It is our hope that these sidewalks will lead to open doors for all Texans.

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Human Investment System: Management Tools To Integrate Functions

Planning and Budgeting Systems
Interagency agreements/procedures
Joint funding/budgets
Joint planning/program design
Joint purchases and shared costs
Information sharing
Joint meetings
Agency teams
Joint staff training
Common geographic boundaries
Common planning time lines
Establishing common goals

Intake/Assessment/Eligibility
Joint referral
Joint intake
Joint assessment
Common eligibility
One-Stop shopping

Data Systems
Labor market information gathering
Joint record keeping
Participant characteristics
Program activities
Performance outcomes

Case Management
Joint service plans
Joint employability development plans
Joint client staffings
Joint technical assistance

Joint Evaluation of Results
Joint measures of performance and outcomes
Joint access to planning process
Joint follow-up
Joint evaluation

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